

-ATTACH SUBVOUCHERS HERE

**CASHIER
REIMBURSEMENT VOUCHER AND/OR
ACCOUNTABILITY REPORT**

Voucher No.

Schedule No.

U.S. _____
(Department, bureau, or establishment)

Payee's name

Mailing address

PAID BY

For payments made on account of official business as per attached subvouchers numbers	AMOUNT	
to.....inclusive, for the period19...to.....19.....	DOLLARS	CENTS
and reclaimed subvouchers numbers ➡		

STATUS OF FUND	DOLLARS	CENTS
This Voucher		
Unpaid Reimbursement Voucher Dated		
Unscheduled Subvouchers		
Interim Receipts for Cash		
Cash on Hand		
Advance or Reimbursement Checks on Hand		
.....		
.....		
.....		
Total		

←

Differences

Amount verified; correct for

(Signature or initials)

(For Administrative Use)

Approved:

I certify that the disbursements claimed herein are correct and proper, that payment has not been received, and that the status of the fund for which I am accountable is as stated above.

..... (Date) (Cashier)

Title.....

Number of reimbursement checks desired
in the amounts of

(Signature or initials)

(For Administrative Use)

Approved:

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

.....

(Date) *Authorized Certifying Officer.*

ACCOUNTING CLASSIFICATION

Paid by Check(s) No.(s)

Paid by cash, \$ on
(Date)

Payee

The Privacy Act information requested is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information is requested to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

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Cash on Hand			
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